

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO FALLS, CITY OF

ADDRESS: 4055 GLEN KOESTER LANE  
IDAHO FALLS, ID 834020220

FACILITY: IDAHO FALLS, CITY OF - IDAHO FALLS WWTP

LOCATION: 4055 GLEN KOESTER LANE  
IDAHO FALLS, ID 83402

ATTN: DAVID SMITH, SEWER DEPT SUPT

ID0021261	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2013	02/28/2013

DMR Mailing ZIP CODE: 83405

MAJOR \$

(SUBR 06)

DISCHARGE TO SNAKE RIVER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	10.1	11			Daily	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Daily	GRAB
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	*****	*****	*****	*****	5.7	5.7			Monthly	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1215	1330		*****	15.8	17			Three Per Week	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	4250 MO AVG	6380 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		3 Days Every Week	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	252	*****			Three Per Week	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		3 Days Every Week	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.4	*****	7.6			Daily	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Daily	GRAB
Alkalinity, total (as CaCO3)	SAMPLE MEASUREMENT	*****	*****	*****	*****	287	287			Monthly	COMP24
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	792	989		*****	10.3	12.7			Three Per Week	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	4250 MO AVG	6380 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		3 Days Every Week	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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**LOCATION:** 4055 GLEN KOESTER LANE  
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External Outfall

No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	264	*****			Three Per Week	COMP24
00530 G 0 Raw Sewage Influent	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		3 Days Every Week	COMP24
Nitrogen, ammonia total (as N)	<b>SAMPLE MEASUREMENT</b>	417	653		*****	5.4	8.4		1	Daily	COMP24
00610 1 1 Effluent Gross	<b>PERMIT REQUIREMENT</b>	482 MO AVG	1744 DAILY MX	lb/d	*****	3.4 MO AVG	12.3 DAILY MX	mg/L		Daily	COMP24
Nitrogen, Kjeldahl, total (as N)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	8.3	8.3			Monthly	COMP24
00625 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrite plus nitrate total 1 det. (as N)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	11.1	11.1			Monthly	COMP24
00630 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Phosphorus, total (as P)	<b>SAMPLE MEASUREMENT</b>	46	64		*****	.6	.82			Three Per Week	COMP24
00665 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	391 MO AVG	586 WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		3 Days Every Week	COMP24
Hardness, total (as CaCO3)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	265	265			Monthly	COMP24
00900 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Oil and grease	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	< 1	< 1			Monthly	GRAB
03582 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	GRAB

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<b>TYPED OR PRINTED</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		<b>AREA Code</b>	<b>NUMBER</b>

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02/01/2013	02/28/2013

DMR Mailing ZIP CODE: 83405

MAJOR \$

(SUBR 06)

DISCHARGE TO SNAKE RIVER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphate, ortho (as P)	SAMPLE MEASUREMENT	*****	*****	*****	*****	462	462			Monthly	COMP24
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	9.277	9.787		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	.8	1.5		*****	11	20			Daily	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	12.8 MO AVG	28.4 DAILY MX	lb/d	*****	90 MO AVG	200 DAILY MX	ug/L		Daily	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	3.52	17			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		5 Times Every Month	GRAB
Solids, total dissolved	SAMPLE MEASUREMENT	*****	*****	*****	*****	856	856			Monthly	COMP24
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	93.5	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	95.7	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD

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IDAHO FALLS, ID 834020220

FACILITY: IDAHO FALLS, CITY OF - IDAHO FALLS WWTP

LOCATION: 4055 GLEN KOESTER LANE  
IDAHO FALLS, ID 83402

ATTN: DAVID SMITH, SEWER DEPT SUPT

ID0021261	REC-1
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2013	02/28/2013

DMR Mailing ZIP CODE:

83405

MAJOR \$

(SUBR 06)

RECEIVING WATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	5.2	6.7			Continuous	RCORDR
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY MX	Req. Mon. INST MAX	deg C		Continuous	RCORDR
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.9	*****	8			Weekly	GRAB
00400 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. INST MIN	*****	Req. Mon. INST MAX	SU		Weekly	GRAB

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**ADDRESS:** 4055 GLEN KOESTER LANE  
IDAHO FALLS, ID 834020220  
**FACILITY:** IDAHO FALLS, CITY OF - IDAHO FALLS WWTP  
**LOCATION:** 4055 GLEN KOESTER LANE  
IDAHO FALLS, ID 83402

ATTN: DAVID SMITH, SEWER DEPT SUPT

ID0021261	REC-2
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2013	02/28/2013

DMR Mailing ZIP CODE: 83405

MAJOR \$

(SUBR 06)

DOWNSTREAM MONITORING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	6.7	7.9			Continuous	RCORDR
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY MX	Req. Mon. INST MAX	deg C		Continuous	RCORDR
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.9	*****	8.1			Weekly	GRAB
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. INST MIN	*****	Req. Mon. INST MAX	SU		Weekly	GRAB

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ID0021261	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2013	03/31/2013

DMR Mailing ZIP CODE: 83405

MAJOR \$

(SUBR 06)

DISCHARGE TO SNAKE RIVER

External Outfall

No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	11.2	13			Daily	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Daily	GRAB
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	*****	*****	*****	*****	5.6	5.6			Monthly	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1190	1593		*****	15.8	20.7			Three Per Week	COMPOS
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	4250 MO AVG	6380 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		3 Days Every Week	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	256	*****			Three Per Week	COMPOS
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		3 Days Every Week	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.4	*****	7.7			Daily	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Daily	GRAB
Alkalinity, total (as CaCO3)	SAMPLE MEASUREMENT	*****	*****	*****	*****	300	300			Monthly	COMPOS
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	646	781		*****	8.6	10			Three Per Week	COMPOS
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	4250 MO AVG	6380 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		3 Days Every Week	COMP24

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DISCHARGE TO SNAKE RIVER

External Outfall

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Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	349	*****			Three Per Week	COMPOS
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		3 Days Every Week	COMP24
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	340	622		*****	4.5	7.7		1	Daily	COMPOS
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	482 MO AVG	1744 DAILY MX	lb/d	*****	3.4 MO AVG	12.3 DAILY MX	mg/L		Daily	COMP24
Nitrogen, Kjeldahl, total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	14.4	14.4			Monthly	COMPOS
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrite plus nitrate total 1 det. (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	4.4	4.4			Monthly	COMPOS
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Phosphorus, total (as P)	SAMPLE MEASUREMENT	39	61		*****	.52	.82			Three Per Week	COMPOS
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	391 MO AVG	586 WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		3 Days Every Week	COMP24
Hardness, total (as CaCO3)	SAMPLE MEASUREMENT	*****	*****	*****	*****	257	257			Monthly	COMPOS
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 1	< 1			Monthly	GRAB
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	GRAB

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphate, ortho (as P)	SAMPLE MEASUREMENT	*****	*****	*****	*****	122	122			Monthly	COMPOS
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	9.014	9.692		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	.8	1.6		*****	10	20			Daily	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	12.8 MO AVG	28.4 DAILY MX	lb/d	*****	90 MO AVG	200 DAILY MX	ug/L		Daily	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	2	2			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		5 Times Every Month	GRAB
Solids, total dissolved	SAMPLE MEASUREMENT	*****	*****	*****	*****	729	729			Monthly	COMPOS
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	93.8	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	97.3	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)



## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO FALLS, CITY OF

ADDRESS: 4055 GLEN KOESTER LANE  
IDAHO FALLS, ID 834020220

FACILITY: IDAHO FALLS, CITY OF - IDAHO FALLS WWTP

LOCATION: 4055 GLEN KOESTER LANE  
IDAHO FALLS, ID 83402

ATTN: DAVID SMITH, SEWER DEPT SUPT

ID0021261	REC-1
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2013	03/31/2013

DMR Mailing ZIP CODE: 83405

MAJOR \$

(SUBR 06)

RECEIVING WATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	11.6	13.3			Continuous	RCORDR
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY MX	Req. Mon. INST MAX	deg C		Continuous	RCORDR
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	11.8			Quarterly	GRAB
00300 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. QTR MAX	mg/L		Quarterly	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	8.1	*****	8.2			Weekly	GRAB
00400 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. INST MIN	*****	Req. Mon. INST MAX	SU		Weekly	GRAB
Alkalinity, total (as CaCO3)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	110			Quarterly	GRAB
00410 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. QTR MAX	mg/L		Quarterly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< .05			Quarterly	GRAB
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. QTR MAX	mg/L		Quarterly	GRAB
Nitrogen, nitrite total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 10			Quarterly	GRAB
00615 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. QTR MAX	ug/L		Quarterly	GRAB
Nitrogen, nitrate total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	318			Quarterly	GRAB
00620 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. QTR MAX	ug/L		Quarterly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO FALLS, CITY OF

ADDRESS: 4055 GLEN KOESTER LANE  
IDAHO FALLS, ID 834020220

FACILITY: IDAHO FALLS, CITY OF - IDAHO FALLS WWTP

LOCATION: 4055 GLEN KOESTER LANE  
IDAHO FALLS, ID 83402

ATTN: DAVID SMITH, SEWER DEPT SUPT

ID0021261	REC-1
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2013	03/31/2013

DMR Mailing ZIP CODE: 83405

MAJOR \$

(SUBR 06)

RECEIVING WATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, Kjeldahl, total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< .3			Quarterly	GRAB
00625 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. QTR MAX	mg/L		Quarterly	GRAB
Phosphorus, total (as P)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	22			Quarterly	GRAB
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. QTR MAX	ug/L		Quarterly	GRAB
Hardness, total (as CaCO3)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	116			Quarterly	GRAB
00900 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. QTR MAX	mg/L		Quarterly	GRAB
Copper, dissolved (as Cu)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 1			Quarterly	GRAB
01040 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. QTR MAX	ug/L		Quarterly	GRAB
Phosphate, ortho (as P)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	20			Quarterly	GRAB
04175 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. QTR MAX	ug/L		Quarterly	GRAB
Mercury, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< .01			Quarterly	GRAB
71901 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. QTR MAX	ug/L		Quarterly	GRAB

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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** IDAHO FALLS, CITY OF  
**ADDRESS:** 4055 GLEN KOESTER LANE  
IDAHO FALLS, ID 834020220  
**FACILITY:** IDAHO FALLS, CITY OF - IDAHO FALLS WWTP  
**LOCATION:** 4055 GLEN KOESTER LANE  
IDAHO FALLS, ID 83402

ATTN: DAVID SMITH, SEWER DEPT SUPT

ID0021261	REC-2
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
03/01/2013	03/31/2013

DMR Mailing ZIP CODE: 83405

MAJOR \$

(SUBR 06)

DOWNSTREAM MONITORING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	12	12.7			Continuous	RCORDR
00010 6 0 Downstream Monitoring	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	Req. Mon. DAILY MX	Req. Mon. INST MAX	deg C		Continuous	RCORDR
Oxygen, dissolved (DO)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****		12.9			Quarterly	GRAB
00300 6 0 Downstream Monitoring	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****		Req. Mon. QRTR MAX	mg/L		Quarterly	GRAB
pH	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	8.1	*****	8.3			Weekly	GRAB
00400 6 0 Downstream Monitoring	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	Req. Mon. INST MIN	*****	Req. Mon. INST MAX	SU		Weekly	GRAB
Alkalinity, total (as CaCO3)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	110			Quarterly	GRAB
00410 6 0 Downstream Monitoring	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. QRTR MAX	mg/L		Quarterly	GRAB
Nitrogen, ammonia total (as N)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	< .05			Quarterly	GRAB
00610 6 0 Downstream Monitoring	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. QRTR MAX	mg/L		Quarterly	GRAB
Nitrogen, nitrite total (as N)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	< 10			Quarterly	GRAB
00615 6 0 Downstream Monitoring	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. QRTR MAX	ug/L		Quarterly	GRAB
Nitrogen, nitrate total (as N)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	324			Quarterly	
00620 6 0 Downstream Monitoring	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. QRTR MAX	ug/L		Quarterly	GRAB

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	<b>TELEPHONE</b>		<b>DATE</b>	
<b>TYPED OR PRINTED</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		<b>AREA Code</b>	<b>NUMBER</b>

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** IDAHO FALLS, CITY OF  
**ADDRESS:** 4055 GLEN KOESTER LANE  
IDAHO FALLS, ID 834020220  
**FACILITY:** IDAHO FALLS, CITY OF - IDAHO FALLS WWTP  
**LOCATION:** 4055 GLEN KOESTER LANE  
IDAHO FALLS, ID 83402

ATTN: DAVID SMITH, SEWER DEPT SUPT

ID0021261	REC-2
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
03/01/2013	03/31/2013

DMR Mailing ZIP CODE: 83405

MAJOR \$

(SUBR 06)

DOWNSTREAM MONITORING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, Kjeldahl, total (as N)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	< .3			Quarterly	GRAB
00625 6 0 Downstream Monitoring	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. QTR MAX	mg/L		Quarterly	GRAB
Phosphorus, total (as P)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	23			Quarterly	GRAB
00665 6 0 Downstream Monitoring	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. QTR MAX	ug/L		Quarterly	GRAB
Hardness, total (as CaCO <sub>3</sub> )	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	114			Quarterly	GRAB
00900 6 0 Downstream Monitoring	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. QTR MAX	mg/L		Quarterly	GRAB
Copper, dissolved (as Cu)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	< 1			Quarterly	GRAB
01040 6 0 Downstream Monitoring	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. QTR MAX	ug/L		Quarterly	GRAB
Phosphate, ortho (as P)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	21			Quarterly	GRAB
04175 6 0 Downstream Monitoring	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. QTR MAX	ug/L		Quarterly	GRAB
Mercury, total recoverable	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	< .01			Quarterly	GRAB
71901 6 0 Downstream Monitoring	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. QTR MAX	ug/L		Quarterly	GRAB

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<b>TYPED OR PRINTED</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		<b>AREA Code</b>	<b>NUMBER</b>

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO FALLS, CITY OF

ADDRESS: 4055 GLEN KOESTER LANE  
IDAHO FALLS, ID 834020220

FACILITY: IDAHO FALLS, CITY OF - IDAHO FALLS WWTP

LOCATION: 4055 GLEN KOESTER LANE  
IDAHO FALLS, ID 83402

ATTN: DAVID SMITH, SEWER DEPT SUPT

ID0021261	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2013	04/30/2013

DMR Mailing ZIP CODE: 83405

MAJOR \$

(SUBR 06)

DISCHARGE TO SNAKE RIVER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	12.4	14			Daily	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Daily	GRAB
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	*****	*****	*****	*****	4.1	4.1			Monthly	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	756	1104		*****	10.3	15.3			Three Per Week	COMPOS
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	4250 MO AVG	6380 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		3 Days Every Week	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	269	*****			Three Per Week	COMPOS
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		3 Days Every Week	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.3	*****	7.5			Daily	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Daily	GRAB
Alkalinity, total (as CaCO3)	SAMPLE MEASUREMENT	*****	*****	*****	*****	267	267			Monthly	COMPOS
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	475	576		*****	6.5	8			Three Per Week	COMPOS
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	4250 MO AVG	6380 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		3 Days Every Week	COMP24

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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO FALLS, CITY OF

ADDRESS: 4055 GLEN KOESTER LANE  
IDAHO FALLS, ID 834020220

FACILITY: IDAHO FALLS, CITY OF - IDAHO FALLS WWTP

LOCATION: 4055 GLEN KOESTER LANE  
IDAHO FALLS, ID 83402

ATTN: DAVID SMITH, SEWER DEPT SUPT

ID0021261	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2013	04/30/2013

DMR Mailing ZIP CODE: 83405

MAJOR \$

(SUBR 06)

DISCHARGE TO SNAKE RIVER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	288	*****			Three Per Week	COMPOS
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		3 Days Every Week	COMP24
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	50	166		*****	.7	2.2			Daily	COMPOS
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	482 MO AVG	1744 DAILY MX	lb/d	*****	3.4 MO AVG	12.3 DAILY MX	mg/L		Daily	COMP24
Nitrogen, Kjeldahl, total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	5.3	5.3			Monthly	COMPOS
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrite plus nitrate total 1 det. (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	9.6	9.6			Monthly	COMPOS
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Phosphorus, total (as P)	SAMPLE MEASUREMENT	34	37		*****	.46	.5			Three Per Week	COMPOS
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	391 MO AVG	586 WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		3 Days Every Week	COMP24
Hardness, total (as CaCO3)	SAMPLE MEASUREMENT	*****	*****	*****	*****	283	283			Monthly	COMPOS
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 1	< 1			Monthly	GRAB
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO FALLS, CITY OF

ADDRESS: 4055 GLEN KOESTER LANE  
IDAHO FALLS, ID 834020220

FACILITY: IDAHO FALLS, CITY OF - IDAHO FALLS WWTP

LOCATION: 4055 GLEN KOESTER LANE  
IDAHO FALLS, ID 83402

ATTN: DAVID SMITH, SEWER DEPT SUPT

ID0021261	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2013	04/30/2013

DMR Mailing ZIP CODE: 83405

MAJOR \$

(SUBR 06)

DISCHARGE TO SNAKE RIVER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphate, ortho (as P)	SAMPLE MEASUREMENT	*****	*****	*****	*****	194	194			Monthly	COMPOS
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	8.835	9.956		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	.7	.8		*****	10	10			Daily	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	12.8 MO AVG	28.4 DAILY MX	lb/d	*****	90 MO AVG	200 DAILY MX	ug/L		Daily	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.15	2			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		5 Times Every Month	GRAB
Solids, total dissolved	SAMPLE MEASUREMENT	*****	*****	*****	*****	878	878			Monthly	COMPOS
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	96	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	97.7	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO FALLS, CITY OF

ADDRESS: 4055 GLEN KOESTER LANE  
IDAHO FALLS, ID 834020220

FACILITY: IDAHO FALLS, CITY OF - IDAHO FALLS WWTP

LOCATION: 4055 GLEN KOESTER LANE  
IDAHO FALLS, ID 83402

ATTN: DAVID SMITH, SEWER DEPT SUPT

ID0021261	REC-1
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2013	04/30/2013

DMR Mailing ZIP CODE:

83405

MAJOR \$

(SUBR 06)

RECEIVING WATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	13.5	13.9			Continuous	RCORDR
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY MX	Req. Mon. INST MAX	deg C		Continuous	RCORDR
pH	SAMPLE MEASUREMENT	*****	*****	*****	8.1	*****	8.4			Weekly	GRAB
00400 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. INST MIN	*****	Req. Mon. INST MAX	SU		Weekly	GRAB

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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER
				MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)



## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO FALLS, CITY OF

ADDRESS: 4055 GLEN KOESTER LANE  
IDAHO FALLS, ID 834020220

FACILITY: IDAHO FALLS, CITY OF - IDAHO FALLS WWTP

LOCATION: 4055 GLEN KOESTER LANE  
IDAHO FALLS, ID 83402

ATTN: DAVID SMITH, SEWER DEPT SUPT

ID0021261	REC-2
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2013	04/30/2013

DMR Mailing ZIP CODE: 83405

MAJOR \$

(SUBR 06)

DOWNSTREAM MONITORING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	13.4	15.6			Continuous	RCORDR
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY MX	Req. Mon. INST MAX	deg C		Continuous	RCORDR
pH	SAMPLE MEASUREMENT	*****	*****	*****	8.1	*****	8.5			Weekly	GRAB
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. INST MIN	*****	Req. Mon. INST MAX	SU		Weekly	GRAB

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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER
					MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO FALLS, CITY OF

ADDRESS: 4055 GLEN KOESTER LANE  
IDAHO FALLS, ID 834020220

FACILITY: IDAHO FALLS, CITY OF - IDAHO FALLS WWTP

LOCATION: 4055 GLEN KOESTER LANE  
IDAHO FALLS, ID 83402

ATTN: DAVID SMITH, SEWER DEPT SUPT

ID0021261	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2013	05/31/2013

DMR Mailing ZIP CODE: 83405

MAJOR \$

(SUBR 06)

DISCHARGE TO SNAKE RIVER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	15.4	17			Daily	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Daily	GRAB
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	*****	*****	*****	*****	5.1	5.1			Monthly	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	548	630		*****	7.2	8.7			Three Per Week	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	4250 MO AVG	6380 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		3 Days Every Week	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	271	*****			Three Per Week	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		3 Days Every Week	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.3	*****	7.5			Daily	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Daily	GRAB
Alkalinity, total (as CaCO3)	SAMPLE MEASUREMENT	*****	*****	*****	*****	258	258			Monthly	COMP24
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	404	472		*****	5.3	6			Three Per Week	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	4250 MO AVG	6380 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		3 Days Every Week	COMP24

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO FALLS, CITY OF

ADDRESS: 4055 GLEN KOESTER LANE  
IDAHO FALLS, ID 834020220

FACILITY: IDAHO FALLS, CITY OF - IDAHO FALLS WWTP

LOCATION: 4055 GLEN KOESTER LANE  
IDAHO FALLS, ID 83402

ATTN: DAVID SMITH, SEWER DEPT SUPT

ID0021261	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2013	05/31/2013

DMR Mailing ZIP CODE: 83405

MAJOR \$

(SUBR 06)

DISCHARGE TO SNAKE RIVER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	263	*****			Three Per Week	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		3 Days Every Week	COMP24
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	47	120		*****	.6	1.4			Daily	COMP24
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	482 MO AVG	1744 DAILY MX	lb/d	*****	3.4 MO AVG	12.3 DAILY MX	mg/L		Daily	COMP24
Nitrogen, Kjeldahl, total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	2.2	2.2			Monthly	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrite plus nitrate total 1 det. (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	9	9			Monthly	COMP24
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Phosphorus, total (as P)	SAMPLE MEASUREMENT	95	222		*****	1.26	2.9			Three Per Week	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	391 MO AVG	586 WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		3 Days Every Week	COMP24
Hardness, total (as CaCO3)	SAMPLE MEASUREMENT	*****	*****	*****	*****	265	265			Monthly	COMP24
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 1	< 1			Monthly	GRAB
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	GRAB

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## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO FALLS, CITY OF

ADDRESS: 4055 GLEN KOESTER LANE  
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FACILITY: IDAHO FALLS, CITY OF - IDAHO FALLS WWTP

LOCATION: 4055 GLEN KOESTER LANE  
IDAHO FALLS, ID 83402

ATTN: DAVID SMITH, SEWER DEPT SUPT

ID0021261	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2013	05/31/2013

DMR Mailing ZIP CODE: 83405

MAJOR \$

(SUBR 06)

DISCHARGE TO SNAKE RIVER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphate, ortho (as P)	SAMPLE MEASUREMENT	*****	*****	*****	*****	336	336			Monthly	COMP24
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	9.141	10.257		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	.8	.9		*****	10	10			Daily	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	12.8 MO AVG	28.4 DAILY MX	lb/d	*****	90 MO AVG	200 DAILY MX	ug/L		Daily	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	1	1			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		5 Times Every Month	GRAB
Solids, total dissolved	SAMPLE MEASUREMENT	*****	*****	*****	*****	769	769			Monthly	COMP24
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	97.2	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	97.9	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** IDAHO FALLS, CITY OF  
**ADDRESS:** 4055 GLEN KOESTER LANE  
IDAHO FALLS, ID 834020220  
**FACILITY:** IDAHO FALLS, CITY OF - IDAHO FALLS WWTP  
**LOCATION:** 4055 GLEN KOESTER LANE  
IDAHO FALLS, ID 83402

ATTN: DAVID SMITH, SEWER DEPT SUPT

ID0021261	REC-1
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
05/01/2013	05/31/2013

**DMR Mailing ZIP CODE:** 83405

MAJOR \$

(SUBR 06)

RECEIVING WATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	15.8	16.5			Continuous	RCORDR
00010 5 0 Upstream Monitoring	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	Req. Mon. DAILY MX	Req. Mon. INST MAX	deg C		Continuous	RCORDR
pH	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	8	*****	8.3			Weekly	GRAB
00400 5 0 Upstream Monitoring	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	Req. Mon. INST MIN	*****	Req. Mon. INST MAX	SU		Weekly	GRAB

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** IDAHO FALLS, CITY OF  
**ADDRESS:** 4055 GLEN KOESTER LANE  
IDAHO FALLS, ID 834020220  
**FACILITY:** IDAHO FALLS, CITY OF - IDAHO FALLS WWTP  
**LOCATION:** 4055 GLEN KOESTER LANE  
IDAHO FALLS, ID 83402

ATTN: DAVID SMITH, SEWER DEPT SUPT

ID0021261	REC-2
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
05/01/2013	05/31/2013

**DMR Mailing ZIP CODE:** 83405

MAJOR \$

(SUBR 06)

DOWNSTREAM MONITORING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	16.2	16.5			Continuous	RCORDR
00010 6 0 Downstream Monitoring	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	Req. Mon. DAILY MX	Req. Mon. INST MAX	deg C		Continuous	RCORDR
pH	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	8	*****	8.2			Weekly	GRAB
00400 6 0 Downstream Monitoring	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	Req. Mon. INST MIN	*****	Req. Mon. INST MAX	SU		Weekly	GRAB

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